



DEMOLITION REGULATION 11, Rule 2

Notification Form



Site of Demolition

Courtesy Notification

Site Address: _____	Cross Street: _____
City: _____	Zip: _____
Owner/Operator _____	Phone () _____
Specific Location of Project within Building/Address: _____	
Check One: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Multifamily Dwelling <input type="checkbox"/> Govt Bldg <input type="checkbox"/> School	

Contractor/Individual Performing Demolition

Name: Company/Individual _____	Contact: _____
Mailing Address: _____	
City: _____	Zip: _____ Phone: () _____
Have you previously submitted notifications for other sites? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Description of Demolition *** No Load Supporting Structural Members being removed ***

Is this Demolition by Fire for Fire Training purposes?	<input type="checkbox"/> yes <input type="checkbox"/> No
Is this Demolition ordered by a Government Agency? (Emergency only – attach copy of order)	<input type="checkbox"/> yes <input type="checkbox"/> No
If not Demolition for Fire Training, check applicable method:	
<input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Implosion <input type="checkbox"/> By Hand <input type="checkbox"/> Other _____	
Dates of Demolition: (<i>Actual</i> dates must be entered, "ASAP" or "SOON" will be rejected.) Start: _____ Completion: _____ <input type="checkbox"/> Weekend Work? <input type="checkbox"/> Night Work (<i>After 5 PM</i>)?	

Asbestos Survey Report

Name of company that conducted survey: _____	
Address: _____	
City: _____	Zip: _____ Phone: () _____
Name of person who completed the survey: _____ CAC/SST #: _____	
Is /was asbestos present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who will remove/has removed prior to demo? _____	

Form Preparation Information

This form prepared by: _____ Title: _____	
Name: Company/Individual _____ Phone: () _____	
Address: _____	City: _____ State: _____ Zip: _____